

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/28/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/27/2014
NAME OF PROVIDER OR SUPPLIER LIFE'S TOUCH HOME HEALTH INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2737 E 56TH ST STE E INDIANAPOLIS, IN 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{G 000}	<p>INITIAL COMMENTS</p> <p>This was a second revisit for the extended Federal recertification survey completed on 07/30/14 survey with the first revisit 09/10/14.</p> <p>Survey date: 10/27/2014</p> <p>Facility: 011480</p> <p>Medicaid Vendor: 200893000</p> <p>Surveyor: Shannon Pietraszewski, RN, PHNS</p> <p>Current Census: 62</p> <p>During this survey, one condition and five standard level deficiencies were corrected.</p> <p>Life's Touch Home Health, Inc. is precluded from providing a home health aide training and competency program for a period of 2 years beginning August 7, 2014, for being found out of compliance with the Conditions of Participation 42 CFR 484.18: Acceptance of Patients, Plan of Care, Medical Supervision and 484.30 Nursing Services.</p> <p>Life's Touch Home Health, Inc. is in compliance with the Conditions of Participation 42 CFR 484.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 28, 1014</p>	{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.